



LOOKING INTO YOUR EYES

Research to Prevent Blindness, Inc.

1975 Annual Report



Photo Credits

Page 1 *Albany Medical College, New York*

Page 2 *University of Miami, Florida*

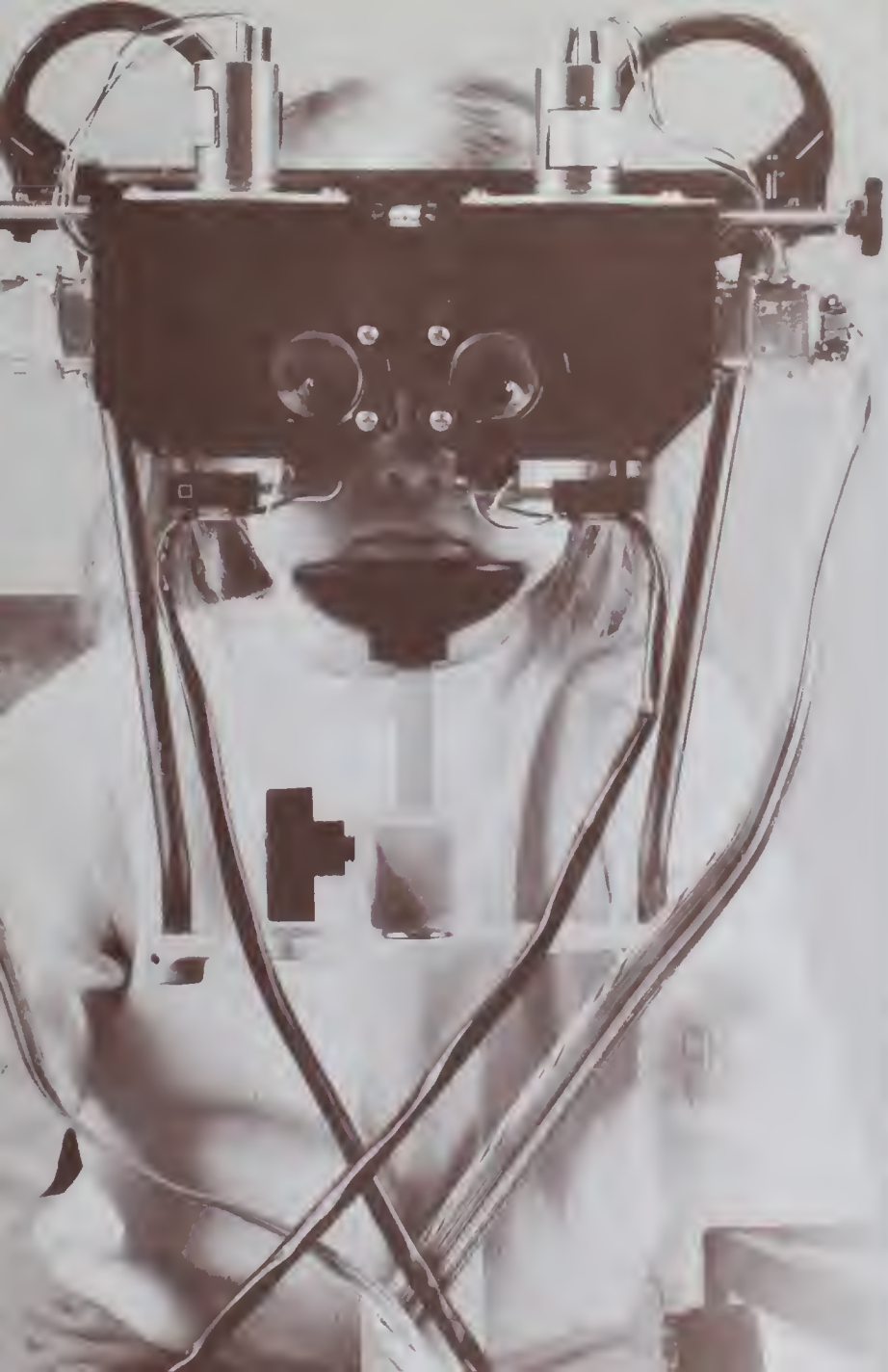
Page 5 (clockwise)
Yale University
University of Chicago
Wayne State University
University of Oregon

Page 7 *University of Chicago*

Page 8 *Medical College of Georgia*
Mt. Sinai School of Medicine
Harvard Medical School



Many eye problems begin in infancy. With newly developed devices for objective testing of young eyes, once-hidden disorders may now be diagnosed and treated. The automated apparatus shown here is testing the retinal response of the tiny patient.



Looking Into Your Eyes

Her eyes are her windows to the world.

One pair of eyes to last a lifetime. But what will happen when disease strikes and her eyesight is in danger? Or yours? Will the world become a mass of indistinguishable shadows? Or will there be sufficient knowledge to turn back the threat and preserve normal vision?

Her continued ability to see—and your own—may be dependent upon the progress of eye research. Throughout the nation, physicians and scientists are engaged in an unprecedented search for cures, preventives and more effective treatment for blinding diseases. They are looking into the eye—studying the cells and tissues and fluids that make it possible for you to see. Their extraordinary achievements in saving sight are being won with the support of RESEARCH TO PREVENT BLINDNESS, INC. (RPB).

A True Concept of Prevention

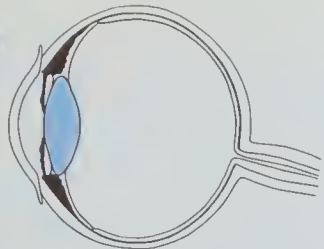
RESEARCH TO PREVENT BLINDNESS, INC. (RPB) has designed a program for saving sight based upon a true concept of prevention. It looks beyond traditional services to those already blind. It looks beyond safety glasses, white canes, guide dogs and talking books. It applauds the splendid work of more than 800 organizations that provide such salutary services. But RPB has taken a long step further. It asks WHY are more than 1,500,000 living Americans functionally blind? WHY have millions upon millions of people throughout the centuries lost their sight? And it finds that the overwhelmingly preponderant cause of their blindness is disease—diseases of the eye for which science has had little support in its search for the means of prevention.

RPB therefore does not duplicate the work of other organizations in the health field. Its purpose is to stimulate and encourage the development of an intensive, concerted eye research effort. Its role is that of a catalyst between the scientist and all available sources of research support. Since its establishment in 1960, RPB has channeled \$29 million into eye research—providing trained manpower, equipment, laboratory space and financial support for the most sweeping, and most successful, attack ever launched against blinding diseases.

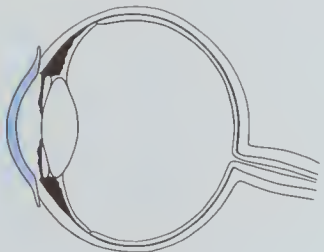
For more information, contact the nearest RPB office or write to: Research to Prevent Blindness, Inc., 100 West 42nd Street, New York, N.Y. 10018.



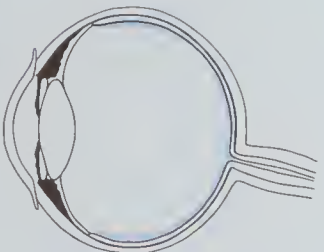
CATARACT



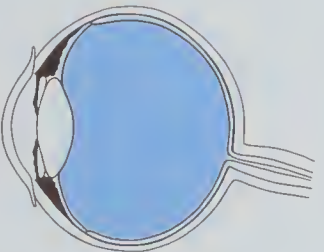
CORNEAL DISEASE



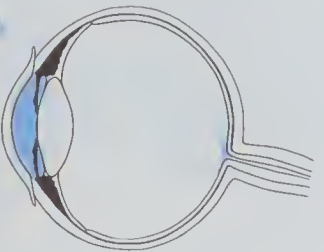
RETINAL DISEASE



VITREOUS DISEASE



GLAUCOMA



What Causes Blindness?

Blindness is not a disease in itself, but the result of many widely variant conditions whose origins are largely unrelated. When light enters the eye it must follow an intricate path before it is converted to an image in the brain. The cornea, the lens, the vitreous, the retina, the eye muscles and a host of other vital structures perform highly specialized functions. Each is subject to attack by bacteria, viruses and other infectious organisms. Genetic and developmental anomalies may interrupt their performance. They may be sabotaged by systemic diseases, metabolic disorders, trauma or the aging process. The body itself may produce antibodies against its own visual components.

So we find RPB-supported scientists fighting against a broad spectrum of eye diseases such as cataract, glaucoma, retinal degeneration, uveitis, amblyopia, diabetic retinopathy—the list is discouragingly long. The conditions are distinct disease entities, usually involving specific areas of the eye. Each is capable of interrupting the superbly coordinated process that makes sight possible.

RPB provided annual grant support for eye research at medical institutions in 26 states during the past year. A review of ongoing work at these departments of ophthalmology reveals the staggering complexity of their efforts to preserve sight.



A Visionary Program

To counter the enormity of the blindness problem, RPB has brought to eye research a degree of financial, moral and logistical support never before available to vision scientists. Its operations cover a wide range of assistive measures spanning the entire spectrum of eye research activity.

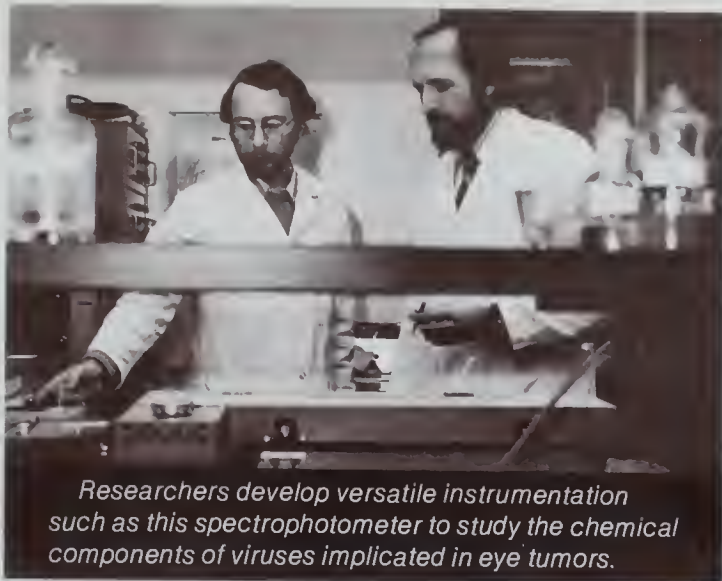
RPB Annual Unrestricted Grants to 44 medical schools are designed to bring these eye research laboratories to their highest level of competence and productivity. RPB funds assure the continuity and stability of ongoing projects, at the same time providing a springboard for the exploration of promising new ideas. They remove financial barriers to the formation of highly trained research teams, the development of sight-saving equipment and the rapid movement of new knowledge from the laboratory to the service of the patient.

RPB sponsorship of the construction of six major eye centers has more than tripled the amount of eye research space in the United States. The achievements of these modern centers have spurred the nationwide growth of similar facilities providing comprehensive programs of eye research, patient care and the training of scientists and physicians. Prior to RPB's unique Laboratory Construction Program, such facilities were either non-existent, inadequate or obsolete.

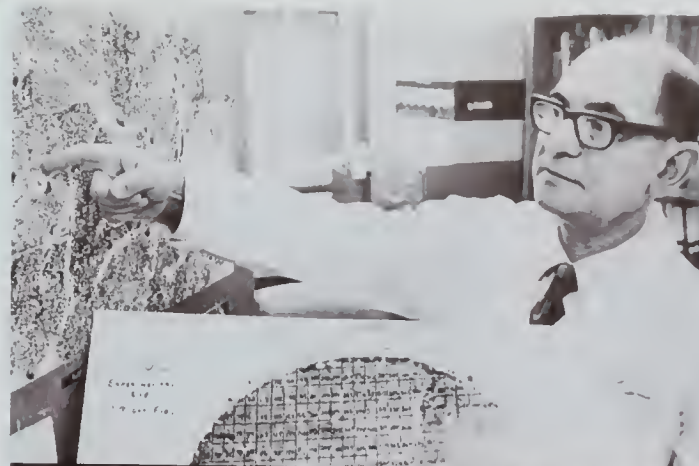
RPB initiated and led the successful movement for the creation of a separate National Eye Institute within the National Institutes of Health. This was a historic step, combining both government and private interest and support in the development of an intensive nationwide research attack against blinding diseases. Blindness had not previously been represented adequately among national health interests, such as those for Cancer, Heart and other killing and disabling diseases.

RPB Professorships, Manpower Awards, Scholars Programs and other incentives attract top scientists to eye research. They enable research directors to acquire and retain the services of talented investigators in all the many branches of science and technology related to vision and eye disease. Two years before RPB was founded in 1960, only 15 ophthalmologists and 37 basic scientists were engaged full time in eye research. Many times that number are now devoting their careers to the saving of sight.





Researchers develop versatile instrumentation such as this spectrophotometer to study the chemical components of viruses implicated in eye tumors.



Computerized cross-section of the optic nerve reveals 1.2 million individual nerve fibers which transmit visual signals to the brain.



Advanced technology is used to learn how retinal pigment cells maintain vision by constantly removing worn-out membranes.



RPB-supported scientist prepares specimens of visual cells and tissues for basic study of their structure under the electron microscope.

Preserving—and Restoring—Sight

A young mother, a long-time diabetic, suddenly experiences extensive hemorrhages in the retinas of both eyes. One eye becomes blind as the hemorrhage fills the inner cavity of the globe, blocking the passage of light through the normally clear vitreous. In the other, loss of vision is occurring gradually and will continue unless the bleeding can be promptly controlled.

Using the laser beam, the ophthalmologist seals off the hemorrhaging retinal vessels of the endangered eye with pinpoint accuracy. On the eye already blind he performs a “vitrectomy,” employing a revolutionary new surgical device and technique with which he reaches safely into the once-inaccessible cavity of the eye through a tiny incision, siphons off the darkened vitreous and replaces it with a clear solution. Sight is restored in one eye, preserved in the other.

Such is the dramatic payoff on eye research which today is saving the sight of many thousands who otherwise would be blind. RPB funds supported pioneering research on laser therapy of the eye, now used widely in the treatment of diabetic retinopathy, detached retina and other potentially blinding diseases. And RPB funds backed the early development of vitrectomy, making surgery possible where it previously would not have been attempted. In 1976, full-scale field trials will begin on the use of vitrectomy in the early stages of diabetic retinopathy in the hope of preventing blindness before it happens.

With 1,500,000 Americans already experiencing severe visual loss and millions more requiring treatment of potentially blinding eye conditions, intensive effort is being applied to clinical research—the search for better and safer surgical procedures, for effective medications and more efficient ways to administer them, and for quicker and surer means of diagnosis.

For many patients, the only treatment now available is surgery. This includes 400,000 operations for cataract each year in the United States alone. Fortunately, as a result of research, the capabilities of the eye surgeon have advanced so rapidly that cataract removal is more than 98 per cent successful. Only a few years ago, the cataract patient would be hospitalized for a week or more, his head immobilized between sandbags to prevent any movement during the healing process. Today, he is up almost immediately and may resume normal activity in a matter of days. Operative procedures have been refined through research that has produced incredibly versatile surgical materials, freezing techniques, micro-instrumentation and phacoemulsification. New drugs prevent once disastrous post-operative infections. The development of contact lenses—still being improved—eliminates severe distortion of vision and the need for thick, unattractive spectacles that were once the hallmark of cataract surgery. The reduction of time in hospital and the recuperation period has brought enormous savings in medical costs and patient earnings.

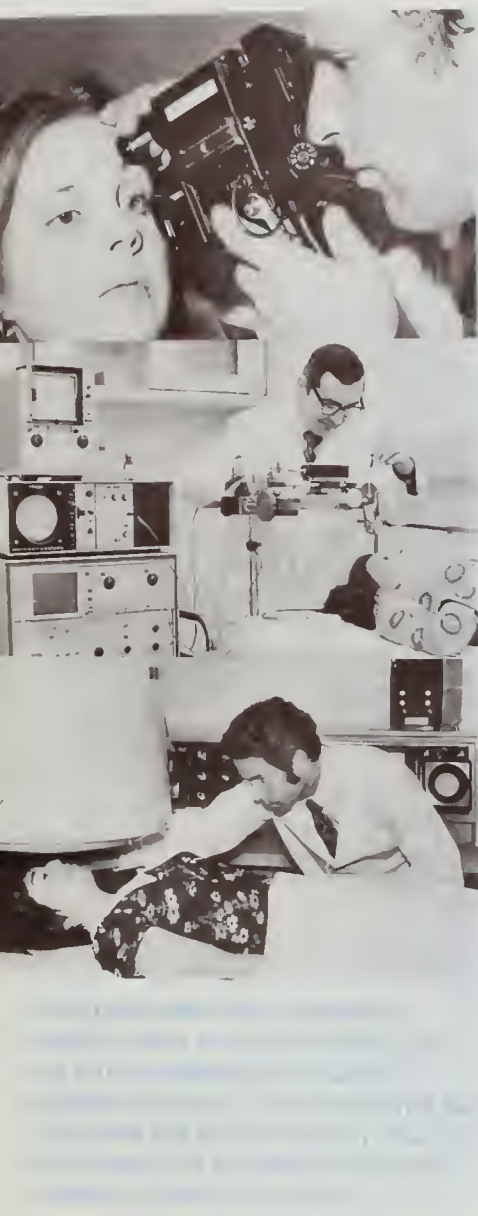


Eye research has developed a surgical cure for acute, closed angle glaucoma, an intensely painful, sudden-onset form of the disease that can destroy sight within hours if not promptly treated. Research has made corneal transplants possible for thousands throughout the world and each year brings greater progress in the preservation and storage of donated graft tissue and its resistance to the rejection phenomenon. Artificial corneas made of cured plastic have been devised, in some cases restoring sight to patients who have been blind for years.

While modern surgery provides extraordinarily successful means of repairing or by-passing many disorders of the visual pathways, it is far from the ultimate answer to blinding diseases. The hemorrhaging eye may bleed again. The repaired retinal detachment, the artificial lens, the corneal transplant, are substitutes—blessed substitutes—for vital tissues whose normal functions have been disrupted by diseases which cannot yet be controlled.

Advances in pharmacological research have closely paralleled progress in eye surgery. Countless glaucoma patients are successfully averting loss of sight through the use of eye drops. Once destructive bacterial infections respond to increasingly effective medications. Even the dreaded trachoma can be managed by new drugs if there is an opportunity for their proper administration. For some diseases, chemical therapy may present a welcome alternative to surgical intervention.





Yet, many devastating eye diseases defy all efforts to control them, and among these is the most common cause of corneal blindness in the United States—infection with herpes simplex virus. Most often associated with cold sores or fever blisters, the virus infects the eyes of 300,000 Americans every year. Recurrent attacks scar the cornea. Once blindness occurs, the only possible chance of restoring sight is a corneal transplant. Until 1960, pharmacology had produced nothing to deal with the disease.

Introduction of the drug IDU provided the first effective antiviral agent against herpes. But the problem has not been solved. Toxic and allergic reactions have limited the use of IDU in many patients. In some, the virus has grown resistant to the drug. Its effect may be lost on deep herpetic infections within the eye.

Recent research may soon provide the answer. In September, 1975, RPB presented its \$25,000 Research to Prevent Blindness-William Friedkin Award to Deborah Pavan Langston, M.D., a young Harvard ophthalmologist engaged in exciting research that has produced a new antiviral agent designed to attack even the deep-seated herpes disease. In preliminary tests the drug—Ara-AMP—has demonstrated up to 500 times the penetrating ability of previous medications, with less toxicity and allergic response, and with longer therapeutic effect. The RPB Award will permit Dr. Langston to begin clinical trials in 1976.

Better, safer and simpler systems for administering medications are being devised. Among these is a soft, pliable wafer saturated with a prescribed ocular drug. Inserted behind the eyelid, it may remain there for days or weeks, slowly and comfortably releasing the appropriate dosage at a constant rate. The time-release wafer is especially applicable to glaucoma therapy, which otherwise requires frequent daily application of eyedrops. The device is also being tested against trachoma in thousands of African schoolchildren. The goal is treatment of whole communities without daily return for medication, and reduction of opportunities for recurrence of the disease.

Improvements in diagnosis are permitting early discovery of eye diseases with consequent advantages in treatment. This is especially important in childhood conditions such as amblyopia which seldom responds to later therapy. Instruments have been devised to reliably detect amblyopia as well as other ocular motor conditions in very young children. Fluorescein photography, ultrasound, optic disc mapping—the list of diagnostic tools grows daily. Electronic techniques for more objective testing of visual function and anatomy are becoming increasingly available. With more than 75 million eye examinations performed in the United States each year by the nation's 30,000 ophthalmologists and optometrists, such developments may solve many problems of delivering essential care to a growing patient population.

The eye has been called "The window to the human body," revealing systemic ills that otherwise might go undetected. Among the enormous contributions of eye research to biomedical science is a growing ability to diagnose diabetes, hypertension, multiple sclerosis, brain tumors, nephritis, impending stroke and other killing and crippling conditions through observations of ongoing processes in the patient's visual system.

Meanwhile, the fundamental causes of eye disease are under intensive investigation. Studies in genetics, cellular biology, pathology and a host of other basic sciences are revealing the nature of the multitude of biological elements that contribute to vision. Scientists are narrowing the field on the causes of cataract. A chemical inhibitor of an enzyme active in sugar cataracts has been found and is reported to slow the onset of the experimental disease in laboratory animals. A substance has been isolated from retinal vessels of animals with experimental diabetes that may provide a major clue to that disease. The discovery of red-cell clumping in the retinal vessels of diabetics points the way toward possible prevention of retinopathy if this can be averted.

The momentum of the search increases with each passing day. Thousands of leads are being followed. Among these are many, such as these small examples, that are already paying off in the saving of sight—through eye research.



New Battlefields Against Blindness

The sixth and largest RPB-sponsored laboratory construction campaign was completed in 1975 when the Baylor College of Medicine and The Methodist Hospital reached their goal of \$9.7 million for a modern Eye Institute now under construction in Houston, Texas. The building will be completed in 1976. This splendid Institute will be part of a three-towered Neurosensory Center and will contain extensive facilities for research, treatment and training in ophthalmology. Among its many unusual features will be a prototype eye clinic that will utilize new ophthalmic instruments as they are developed by researchers at the Institute and elsewhere. Such "tools of the future" will incorporate computers, video and other technological systems into the examination and testing of eyes and the diagnosis and study of visual problems.

Construction continues on the \$4.5 million Eye Institute at the Medical College of Wisconsin, Milwaukee—another RPB-sponsored project—with completion expected late in 1976. The eight-story facility will provide space for the intensified basic and clinical research activities of the College's excellent department of ophthalmology, which has received annual unrestricted grants from RPB for the past seven years.

The practicality of constructing specialized eye centers has been forcefully demonstrated by the outstanding developments that have accompanied their growth. Laboratories at Johns Hopkins University, the University of California, Los Angeles, Columbia University and the University of Louisville are working at full capacity, providing opportunities for the highest caliber of scientists to work under the best scientific circumstances on problems of critical importance to all who are threatened by blinding diseases. At UCLA's Jules Stein Eye Institute, completed in 1968 as the largest eye facility ever built at one time, plans are already under way to expand even further to maintain the pace of its progress.

Each of these eye centers has been built with the help of RPB's laboratory construction program, which permits qualifying medical institutions to build quickly, economically and with maximum administrative efficiency. After establishing the feasibility of each construction campaign, RPB underwrites the cost of experienced professional management and pays all fund raising expenses. As a result, the six RPB-sponsored centers have been built at a fund raising cost of *less than two per cent*. Every penny raised is contributed directly to the medical institutions—not to RPB—and is used entirely for research construction purposes.



RPB Research Professors

RPB's early recognition of the potential of brilliant young scientists has influenced the careers of many whose outstanding achievements are now widely recognized throughout the scientific community. To provide a measure of financial security in attracting such researchers to eye research, RPB Research Professorships were established, guaranteeing salary support of \$15,000 a year for five years to selected candidates. These have included such eminent past RPB Professors as John Dowling, M.D., now of Harvard University; Alan Laties, M.D., of the University of Pennsylvania, and Douglas Anderson, M.D., of the University of Miami. Two professorships are currently in force.



RPB Research Professor Ted W. Reid, Ph.D., of Yale University School of Medicine, is continuing his studies of a possible virus causation of human eye tumors. During the past year he has discovered that virus particles obtained from eye tumors can turn normal cells into melanoma cells, setting the stage for further inquiry into the mechanism by which this transformation takes place.

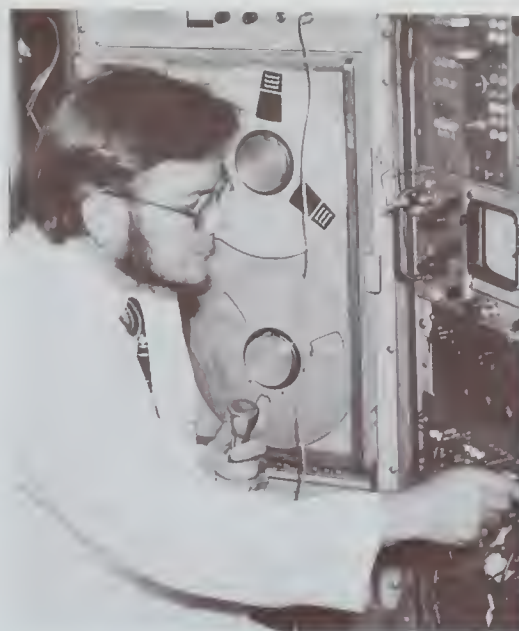


At Johns Hopkins University's famed Wilmer Ophthalmological Institute, RPB Research Professor Robert A. Prendergast, M.D., is making important contributions to basic knowledge of cellular immunology, exploring the response of cells to factors that may produce or inhibit changes in those cells. His findings are being extended to the study of corneal transplantation.





Robert E. Anderson, M.D. of the Baylor College of Medicine. Retinal degeneration is the leading cause of blindness among the elderly. Dr. Anderson and his colleagues have found that the presence of certain polyunsaturated fatty acids in the retinal cells of experimental animals appears to have a relationship to degeneration of the photo-receptor membranes. They are now studying the effects of special diets in a species of rat in the hope of preventing this devastating disorder.



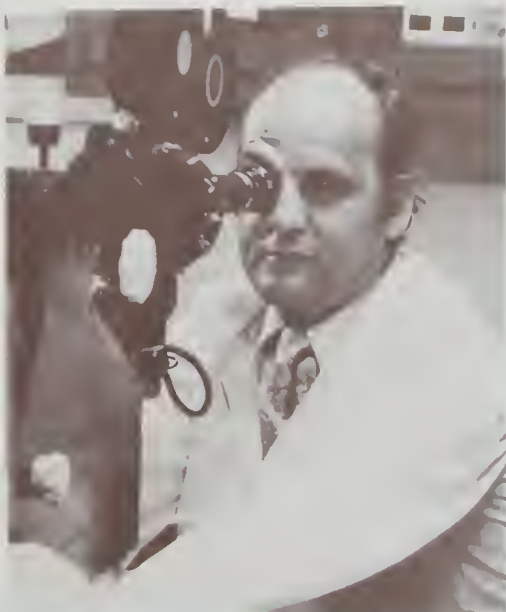
Donald J. Robinson, Ph.D. of the Johns Hopkins University School of Medicine. Inability to control eye movements presents a serious problem, largely incurable because the cause originates in the complicated network of nerve cells deep in the brain stem. Dr. Robinson is mapping the organization of these cells and their activity in generating eye movements, and is employing theoretical concepts to arrive at an analytical diagnosis of eye movement disorders in patients.



Vernon Wong, M.D. of Georgetown University Medical Center. Dr. Wong is proceeding against retinal diseases through studies of one of the eye's most essential substances—rhodopsin. This chemical component of normal retinal cells transforms light into electrical signals to the brain. But, Dr. Wong has found, this vital mediator of vision may also be a factor in the destruction of visual cells. His work has opened new fields of exploration into the causes of many retinal disorders.

RPB Manpower Awards

are made to outstanding scientists to give impetus to especially meritorious research.



Dr. Henry van der Velden, M.D. of Akademisch Ziekenhuis, Ghent, Belgium, spent six weeks at Georgetown University's Department of Ophthalmology studying the vital circulation of the eye's choroid, which nourishes the retina, using motion picture films of the human ocular fundus as injected dyes flow through the tiny choroidal vessels. The accomplishments of these collaborative studies are to be reported at the International Symposium on Fluorescein Angiography.



Dr. Henry van der Velden, a neuro-physiologist on a year's sabbatical from the John Curtin School of Medical Research, Canberra, Australia, collaborated with two scientists at the University of Washington, Seattle, in studying the role of the brain in vision. Drawing upon the expertise of the American researchers in morphology, Dr. Henry provided the physiologist's viewpoint in efforts to define the anatomical functions responsible for the brain's response to light.

RPB International Eye Research Scholars

The worldwide impact of blindness is staggering. More than 15 million people are presently blind. By the year 2000 that figure will reach 30 million unless the current rate of increase is checked. The search for cures and preventives goes on in many lands, and research by foreign scientists frequently parallels and complements the work of researchers here. In many cases, close collaboration between those working in similar fields can speed their investigations, provide new perspectives and prevent wasteful duplication of effort.

RPB's International Research Scholars Program is designed to make such collaboration possible. It provides travel funds for working visits to the United States by selected foreign scientists to engage in joint research in American laboratories. Since its inception, the program has brought 33 scientists from 15 countries for cooperative studies lasting from several months to more than a year.

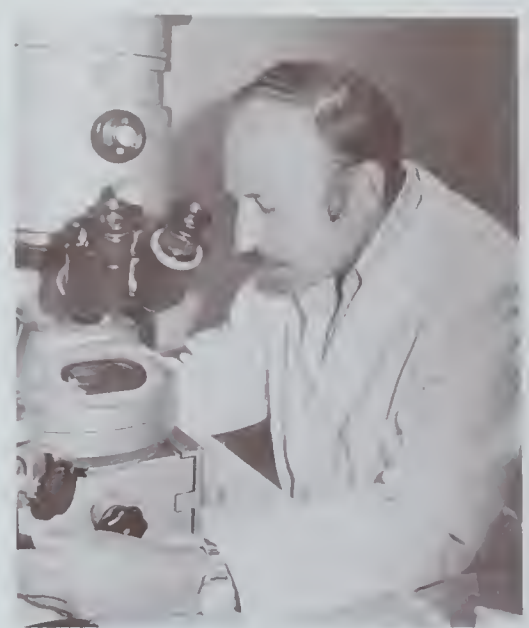




EDITH ELMELÉCH, Ph.D. of the Weizman Institute, Rehovot, Israel, joined with scientists at the University of Pittsburgh in basic studies of corneal infections. Her work has shown for the first time the precise effect on the cornea of enzymes of a micro-organism responsible for corneal ulcers. In this collaboration, the scientists have also developed a laboratory model for consistent corneal ulcers that will permit extensive studies of drug therapy against the organism.



M. KHODADOUST, M.D. of Pahlavi University Medical School, Shiraz, Iran, worked with Dr. Arthur Silverstein at Johns Hopkins University in efforts to discover the fundamental mechanisms that result in the eye's rejection of grafted tissue after corneal transplantation. This was a continuation of work begun by these investigators during a previous visit by Dr. Khodadoust. Three important scientific papers have resulted from these studies.



MICHAEL O. HALL, Ph.D. of the Israel School of Technology, Haifa, Israel, spent six weeks in productive association with Dr. Michael O. Hall at the University of California, Los Angeles (Jules Stein Eye Institute). Their basic electron microscope studies have furthered understanding of the interactions between cellular components of the retina, moving toward knowledge of the fundamental processes that lead to retinitis pigmentosa, a disease for which there is no treatment.

“a modern dynamic approach”

Dr. Jules Stein, co-founder and chairman of RPB, received the Albert Lasker Public Service Award at New York City in November, 1975. The presentation was made by Mrs. Albert D. Lasker, president of the Albert and Mary Lasker Foundation, and Dr. Michael E. DeBakey (left) chairman of the awards jury which voted a prize in this category for only the second time in seven years. Mrs. Dorothy Fletcher (right) had sight preserved first in one eye through laser therapy, then restored in the other through vitrectomy, techniques whose early development was supported by Research to Prevent Blindness, Inc. The Award cited Dr. Stein for bringing “a modern, dynamic approach” to the fight against blindness that generated “a whole new era of accomplishment in the saving of sight.”

In May, 1975, Dr. Stein received the honorary degree of Doctor of Science, conferred upon him by the Medical College of Wisconsin. The doctorate hood was placed on Dr. Stein by Dr. Richard O. Schultz, professor and chairman of ophthalmology. Robert S. Stevenson (left), chairman of the Medical College Board of Directors, presented the degree, citing Dr. Stein for “his vision, his energies, imagination and dedication, which have had a major influence on eye research and patient care throughout the nation.”



New Friends

Mrs. Enid A. Haupt, of New York City, former publisher of the magazine, *Seventeen*, has joined the Board of Trustees of RPB. Mrs. Haupt is widely known as an author, editor, horticulturist and philanthropist. She and Mr. W.R. Hearst, Jr., already a Board member, were elected Vice Presidents of RPB at the December 1975 meeting of the Trustees.

James F. Crow, Ph.D., and Sherman Mellinkoff, M.D., became members of RPB's distinguished Scientific Advisory Panel during 1975. Dr. Crow is Chairman of the Department of Genetics at the University of Wisconsin School of Medicine. The presence of a noted geneticist on the Panel is especially significant in view of increasing exploration of the genetic origin of many eye diseases. Dr. Mellinkoff is Dean of the School of Medicine at the University of California, Los Angeles, a position which he has held since 1962. His broad experience as a physician, dean and professor of medicine provides important expertise to the deliberations of the Advisory Panel.

Sad Losses

A period of substantial progress in eye research was saddened by the loss during 1975 of three of RPB's most devoted supporters. Mrs. William Greve, long a member of the Board of Trustees, passed away on January 17, 1975. In sharing the policy decisions of RPB, she had brought to the Board a warmth of spirit and active enthusiasm that will be sorely missed. Typical of her commitment was her dissolution of the William and Mary Greve Foundation Trust in 1970 and the transfer of its assets to RPB. With the sudden death of Dr. Edward W. Dempsey on January 8, 1975, and the passing of Dr. Edward L. Tatum on November 5, RPB's Scientific Advisory Panel lost two eminent colleagues who had served since its inception in 1960. Dr. Dempsey was Professor of Anatomy at the College of Physicians and Surgeons of Columbia University. He had been a professor at Harvard Medical School and later Dean of the Washington University School of Medicine. As special assistant for medical affairs under President Johnson, he was a key figure in the enactment of major health legislation. Dr. Tatum, a professor at the Rockefeller University, shared the 1958 Nobel Prize in medicine for his pioneering genetic studies of micro-organisms which opened the door for such historic achievements as the unraveling of the genetic code. Mrs. Greve, Dr. Dempsey and Dr. Tatum have left with RPB contributions of inestimable value in shaping the progress of eye research.

RPB Research Grants

	1975 Grants	Total Granted Through 1975
ARKANSAS		
University of Arkansas	\$5,000	\$20,000
CALIFORNIA		
Francis I. Proctor Foundation	5,000	80,000
*Stanford University	2,500	27,500
† University of California, Davis	2,500	2,500
University of California, Los Angeles	5,000	80,000
University of California, San Francisco	5,000	80,000
University of the Pacific— Institute of Medical Sciences	5,000	35,000
COLORADO		
University of Colorado	5,000	60,000
CONNECTICUT		
Yale University	5,000	70,000
DISTRICT OF COLUMBIA		
Georgetown University	5,000	30,000
George Washington University	5,000	30,000
FLORIDA		
University of Florida	5,000	70,000
University of Miami	5,000	80,000
GEORGIA		
† * Medical College of Georgia	2,500	2,500
ILLINOIS		
University of Chicago	5,000	80,000
University of Illinois	5,000	20,000
Northwestern University	—	5,000
INDIANA		
Indiana University	5,000	80,000
IOWA		
University of Iowa	5,000	80,000
KENTUCKY		
University of Louisville	5,000	60,000
LOUISIANA		
Tulane University	5,000	70,000
MARYLAND		
Johns Hopkins University	5,000	80,000
University of Maryland	5,000	35,000
MASSACHUSETTS		
Boston University	5,000	45,000
Harvard University—Massachusetts EEI (Howe Laboratory of Ophthalmology)	5,000	80,000

MASSACHUSETTS

Retina Foundation (Eye Research Institute)	5,000	80,000
Tufts New England Medical Center	5,000	30,000

MICHIGAN

University of Michigan	5,000	80,000
Wayne State University (Kresge Eye Institute)	2,500	45,000

MINNESOTA

University of Minnesota	5,000	80,000
-------------------------	-------	--------

MISSOURI

Washington University	5,000	80,000
-----------------------	-------	--------

NEW YORK

Columbia University	5,000	80,000
Cornell University	—	50,000
Eye-Bank for Sight Restoration	—	10,000
MT. Sinai School of Medicine	5,000	55,000
New York University	5,000	80,000
Union University (Albany Medical College)	5,000	25,000
Yeshiva University (Albert Einstein College of Medicine)	5,000	40,000

NORTH CAROLINA

Duke University	5,000	50,000
-----------------	-------	--------

OREGON

University of Oregon	5,000	80,000
----------------------	-------	--------

PENNSYLVANIA

Jefferson Medical College (Wills Eye Hospital)	5,000	55,000
Temple University	—	30,000
University of Pennsylvania	5,000	80,000

TENNESSEE

Vanderbilt University	5,000	30,000
-----------------------	-------	--------

TEXAS

Baylor College of Medicine	5,000	65,000
University of Texas (Southwestern Medical School)	—	10,000

VIRGINIA

Medical College of Virginia	—	55,000
-----------------------------	---	--------

WASHINGTON

University of Washington	5,000	35,000
--------------------------	-------	--------

WISCONSIN

Medical College of Wisconsin	5,000	35,000
University of Wisconsin	5,000	20,000

TOTAL \$2,110,000 \$2,582,500

* Recipients of RPB Research Development Grants

† New RPB Grants



Research to
Prevent Blindness, Inc.

STATEMENTS OF SUPPORT, REVENUE, EXPENSES AND CHANGES IN FUND BALANCES

	Year Ended December 31,	
	1975	1974
Public support and revenue:		
Public support:		
Cash donations	\$ 357,419	\$ 290,285
MCA Inc. common stock donated (Notes 2 and 3)	261,981	368,843
Other securities donated	43,618	38,709
Ophthalmological Associate Memberships (Note 3)	95,850	106,850
Royalties	796	879
	<u>759,664</u>	<u>805,566</u>
Revenue:		
Interest and dividends	217,692	208,505
Unexpended grants	314	15,976
Gain on disposition of donated property and securities	583	6,000
Total public support and revenue	<u>978,253</u>	<u>1,036,047</u>
Expenses:		
Program services:		
Research grants and awards	267,800	239,175
Program development to stimulate laboratory expansion and eye research activities	57,620	53,252
Scientific symposia, seminars and surveys	36,999	18,872
Cost of raising funds for new eye research buildings (Note 1)	3,828	73,906
Public and professional information	111,408	114,730
Total program services	<u>477,655</u>	<u>499,935</u>
Supporting services:		
Administrative (Note 4)	60,249	59,507
Fund raising	10,115	13,027
Total supporting services	<u>70,364</u>	<u>72,534</u>
Total expenses	<u>548,019</u>	<u>572,469</u>
Excess of public support and revenue over expenses (Note 2)	430,234	463,578
Decrease in allowance for decline in market value of investments (Note 2)	111,886	597,593
Increase in fund balances	542,120	1,061,171
Fund balances, beginning of year	4,056,369	2,995,198
Fund balances, end of year	<u>\$4,598,489</u>	<u>4,056,369</u>



Balance Sheets

	Year Ended December 31,	
	1975	1974
Assets		
Cash:		
Checking accounts	\$ 66,706	\$ 144,047
Interest-bearing accounts	157,144	55,726
	<u>223,850</u>	<u>199,773</u>
Investments (Note 2)	4,371,384	4,002,514
Less—Allowance for decline in market value		(111,886)
	<u>4,371,384</u>	<u>3,890,628</u>
Interest and dividends receivable and other assets	74,345	61,387
	<u>\$4,669,579</u>	<u>\$4,151,788</u>
Liabilities and fund balances		
Liabilities:		
Accounts payable and accrued expenses	\$ 11,090	\$ 12,919
Professorship grants payable	60,000	82,500
	<u>71,090</u>	<u>95,419</u>
Fund balances:		
Current fund	4,530,858	3,988,738
Endowment funds:		
William and Mary Greve		
Memorial Endowment Fund	48,256	48,256
Desiree L. Franklin Endowment Fund	19,375	19,375
	<u>4,598,489</u>	<u>4,056,369</u>
	<u>\$4,669,579</u>	<u>\$4,151,788</u>

Notes to Financial Statements December 31, 1975 and 1974

Note 1—FUND-RAISING PROGRAM SERVICE FOR NEW EYE RESEARCH BUILDINGS:

In addition to its other programs, Research to Prevent Blindness, Inc. (RPB) makes it possible to build major eye research facilities by sponsoring construction campaigns for which it pays all fund-raising costs. In the past this program has made possible the construction of new eye research buildings at Johns Hopkins University, the University of California, Los Angeles, the University of Louisville, and the Columbia-Presbyterian Medical Center, and also has provided essential impetus for another facility at Duke University.

During 1973 RPB entered into an agreement with The Methodist Hospital and Baylor College of Medicine whereby RPB would support the fund-raising campaign for the construction of the Ophthalmology Institute of the Neurosensory Center at The Methodist Hospital. During 1971, RPB entered into an agreement with The Medical College of Wisconsin whereby RPB would support the fund-raising campaign for the construction of The Eye Institute at The Medical College of Wisconsin.

Officers of The Methodist Hospital and The Medical College of Wisconsin have indicated that the total funds raised as a result of the capital construction campaigns at Dec. 31, 1975 amounted to approximately \$7,218,000 (\$4,074,000 at Dec. 31, 1974) and \$3,057,000 (\$1,494,000 at Dec. 31, 1974) respectively.

Note 2—INVESTMENTS:

Investments owned and the respective market values at December 31, 1975 and 1974 were:

	1975		1974	
	Carrying value	Market value	Carrying value	Market value
MCA Inc. common stock	\$2,648,808	\$5,643,537	\$2,386,827	\$2,329,410
Other common stock	183,097	175,037	140,848	94,431
U. S. Government obligations	869,018	870,545	554,363	547,837
Certificates of deposit	250,000	250,000	600,000	600,000
Corporate bonds	20,431	18,650	20,431	17,850
Other investments	400,030	401,650	300,045	301,100
	<u>\$4,371,384</u>	<u>\$7,359,419</u>	<u>\$4,002,514</u>	<u>\$3,890,628</u>

Note 3—OPHTHALMOLOGICAL ASSOCIATE MEMBERSHIP PROGRAM:

Included in the Ophthalmological Associate Membership revenue is \$14,400 in 1975 (\$25,700 in 1974) representing new membership contributions in those years. The chairman of the board of RPB has contributed MCA Inc. common stock (recorded at market value) in such years to match these new membership contributions.

Note 4—PENSION PLAN:

RPB has a trustee, defined contribution pension plan covering all active employees who have completed one year of service. The plan was revised during 1974 to increase the benefits to be paid to the participants. Pension expense for 1975 amounted to \$32,138 (\$32,126 in 1974). The assets of the plan exceed the vested benefits. The effect, if any, on future pension costs of the Employee Retirement Income Security Act of 1974 has not been determined.

Note 5—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

For financial statement purposes, RPB has consistently applied the following accounting policies. *Basis of reporting:* Income and support and all expenditures are recorded on the accrual basis. *Gifts, grants, bequests:* All unrestricted gifts and grants are reported in the Current Fund. Bequests and gifts accepted with the donor stipulation that the principal be maintained intact in perpetuity are reported in the Endowment Fund. *Carrying value of investments:* Donated securities are recorded at market value on the date of the donation and purchased securities are recorded at cost. *Contributions:* Contributions are recorded when received. *Taxes:* RPB is a publicly supported charity exempt from taxes under Internal Revenue Service Section 501(c)(3).

STATEMENT OF FUNCTIONAL EXPENSES, YEAR ENDED DECEMBER 31, 1975
(With comparative totals for 1974)

	Program Services *					Supporting Services			Total Expenses	
	Research grants	Scientific symposia, seminars and surveys	Program development	External fund raising	Public and professional information	Total	Management and general	Internal fund raising	Total	
Research grants to medical schools and other institutions	\$210,000					\$210,000				\$210,000
Wm. Friedkin Scholars Award	25,000					25,000				25,000
International research scholars and manpower awards	32,800					32,800				32,800
Salaries		\$14,190	\$18,721	\$2,286	\$ 40,311	75,508	\$32,338	\$ 4,294	\$36,632	112,140
Employee health and retirement benefits		4,928	7,011	830	13,242	26,011	12,641	1,615	14,256	40,267
Payroll taxes		610	774	95	1,709	3,188	1,342	177	1,519	4,707
Professional fees			5,000		5,000	10,000	1,147		1,147	11,147
Outside consultants		6,800				6,800	5,375		5,375	12,175
Miscellaneous services		381	2,894		11,692	14,967	694	624	1,318	16,285
Miscellaneous expenses							137		137	137
Conference, seminars and meetings		8,493	1,270	75	575	10,413	4		4	10,417
Travel		840	910	489	601	2,840	6	4	10	2,850
Telephone and telegraph		278	1,229	53	885	2,445	320	230	550	2,995
Postage and shipping			2,153		3,631	5,784	125	412	537	6,321
Printing and stationery		339	16,343		32,244	48,926	1,794	2,577	4,371	53,297
Office supplies		72	244		413	729	1,386	36	1,422	2,151
Office equipment rental and maintenance		68	247		620	935	265	146	411	1,346
Dues and subscriptions			824		485	1,309	38		38	1,347
Insurance							497		497	497
Office equipment							2,140		2,140	2,140
Total expenses	\$267,800	\$36,999	\$57,620	\$3,828	\$111,408	\$477,655	\$60,249	\$10,115	\$70,364	\$548,019
										\$572,469

*See Note 1—Page 21

To the Board of Trustees of
Research to Prevent Blindness, Inc.

In our opinion, the accompanying balance sheets and the related statements of support, revenue, expenses and changes in fund balances and of functional expenses present fairly the financial position of Research to Prevent Blindness, Inc. at December 31, 1975 and 1974 and its support, revenue, expenses and changes in fund balances for the years then ended, in conformity with generally accepted accounting principles consistently applied. Our examinations of these statements were made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, including inspecting or otherwise accounting for investments owned as of December 31, 1975 and 1974.

March 24, 1976

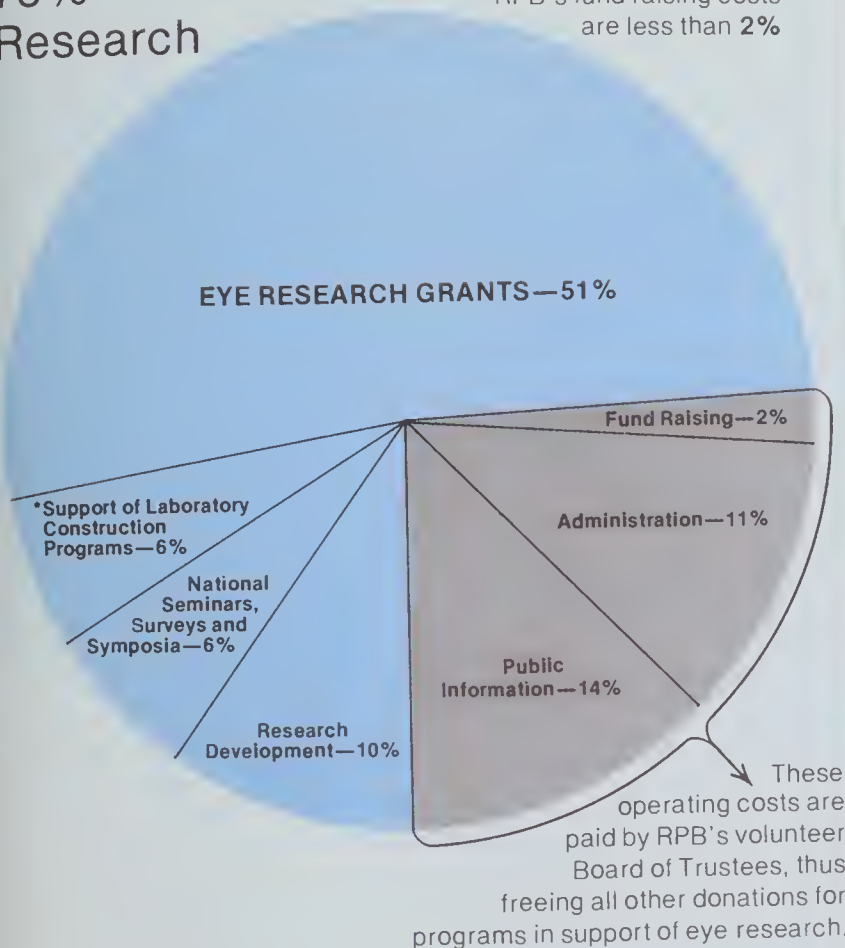
Price Waterhouse & Co.



HOW RPB FUNDS WERE INVESTED 1980-1975

73%
Research

RPB's fund raising costs are less than 2%



RPB BUDGET OF EXPENDITURES AND/OR COMMITMENTS—1976

Research Grants and Other Program Expenditures and/or Commitments:

Unrestricted Research Grants to Medical Schools and Other Institutions	\$250,000
Research Development Grants	25,000
RPB-William Friedkin Scholars Award, International Research Scholars, and Visiting Professors Program	50,000
Research Professorship Grants	150,000
Special, Emergency and Research Manpower Grants	50,000
Scientific Surveys, Seminars and Symposia	75,000
Award for Outstanding Ophthalmic Achievement	41,000
Research Laboratory Construction Campaign Expenses to Provide New Facilities at Eye Research Centers	36,000
Program Development	68,000
Public and Professional Information	155,000
	<u>\$900,000</u>

Operating Expenditures:

Staff Salaries and Consultants Fees	\$ 57,000
Accountants Fees	6,500
Office Equipment	6,300
General and Health Insurance	3,000
Pension and Retirement Plan Administration Cost	1,000
General Administration	7,200
Fund Raising	13,500
Contingencies	1,000
Total Operating Expenditures	<u>\$ 95,500</u>
Total Planned Expenditures and Commitments	<u>\$995,500</u>

In addition to the above, RPB has received a grant of \$23.2 million through the

\$23.2 million through the

* Includes the cost of the RPB's administrative and operating expenses, which are paid by the RPB's volunteer Board of Trustees.



Jules Stein, M.D.
Chairman

Board of Trustees

Jules Stein, M.D.
Chairman
Founder, MCA Inc.
and former practicing
ophthalmologist

James S. Adams*
President
General Partner,
Lazard Freres & Co.

Mrs. Enid A. Haupt
Vice President
New York City

W.R. Hearst, Jr.
Vice President
Editor-in-Chief,
The Hearst Newspapers

Mrs. Albert D. Lasker
Vice President
President, Albert and Mary
Lasker Foundation

Lew R. Wasserman
Vice President
Chairman of the Board
MCA Inc.

William C. Conner
Treasurer
Chairman, Alcon Laboratories, Inc.

Mrs. Anna Bing Arnold
Beverly Hills, California

Willard W. Keith
Industrialist

Graham D. Mattison
Attorney, New York City

David A. Werblin
President,
Raritan Enterprises, Inc.

Mrs. Harry C. Wiess
Houston, Texas

Scientific Advisory Panel

David G. Cogan, M.D.
Professor of
Ophthalmology,
Harvard Medical School

James F. Crow, Ph.D.
Chairman, Department of Genetics,
University of Wisconsin
Medical School

E. Cuyler Hammond, Sc.D.
Vice President,
Epidemiology and Statistics,
American Cancer Society

H.K. Hartline, M.D.
Nobel Laureate,
Rockefeller University

Oliver H. Lowry, M.D.
Chairman
Department of Pharmacology,
Washington University,
St. Louis

Richard L. Masland, M.D.
Department of Neurology,
Columbia University

A. Edward Maumenee, M.D.
Director, Wilmer
Ophthalmological Institute,
Johns Hopkins Medical
Institutions

Sherman M. Mellinkoff, M.D.
Dean, School of Medicine,
University of California,
Los Angeles

William C.H. Prentice, Ph.D.
President, Wheaton College

*Deceased

BEQUESTS TO RPB

The most important contribution that can be made to science is one which assures the continuity of research, uninterrupted by sudden lack of funds. Funding for the future thus becomes as essential as support today. It is for this reason that Bequests have a special role in the effort to control blinding diseases.

The following are simple, appropriate forms for making a bequest:

General Legacy

I devise and bequeath to RESEARCH TO PREVENT BLINDNESS, INC., a corporation organized and existing under the laws of the State of New York, the sum of \$ _____ (dollars) to be used in furtherance of its general purposes.

Specific Bequest

I bequeath to RESEARCH TO PREVENT BLINDNESS, INC., a corporation organized and existing under the laws of the State of New York, the following described property: (number of shares of stock or face value of bonds or debentures with name of company and description), to be used by it in the furtherance of its general purposes.

Specific Devise

I devise to RESEARCH TO PREVENT BLINDNESS, INC., a corporation organized and existing under the laws of the State of New York, the following described real estate: (description or location of real estate to be devised), to be used by it in furtherance of its general purposes.

Residuary Bequest

All the rest, residue and remainder of my estate (or percentage or fraction of the rest, residue and remainder of my estate), both real and personal, of whatever kind and wherever situate, which I may own or have the right to dispose of at the time of my death, I devise and bequeath to RESEARCH TO PREVENT BLINDNESS, INC., a corporation organized and existing under the laws of the State of New York, to be used by it in furtherance of its general purposes.

MEMORIAL GIFTS

Gifts may be made to Research to Prevent Blindness, Inc., in any amount and will be acknowledged with dignity. An appropriate Memorial Card is sent in behalf of the giver to the family of the deceased. The donor receives a Thank You card of similar design.

Your contribution to Research to Prevent Blindness, Inc. is tax deductible.

David F. Weeks
Executive Vice President

William J. vanden Heuvel
Secretary and Counsel

Harold F. Spalter, M.D.
Secretary,
Scientific Advisory Panel

Albert V. Burns
Public Information Director

RESEARCH TO PREVENT BLINDNESS, INC. 598 Madison Avenue, New York, New York 10022

